

TEXAS WATER COMMISSION
Solid Waste Inspection Report

93.02 32.010
TWC Reg. No. 4

TWC District 07

INSPECTION COVER SHEET

Rec 8/29/88

C.O. Use Only

088Y 644.

EPA ID No. TXDC059345116

COMMERCIAL WASTE FACILITY

NAME OF COMPANY Wood-Protection Company

MAILING ADDRESS P.O. Box 33376, Houston, Tx 77033

Tel. (713) 733-7421

SITE LOCATION 5151 South Loop East, Houston, Tx 77033

Tel. _____

COUNTY Harris

TYPE OF BUSINESS Wood treatment

GENERATOR CLASSIFICATION: Industrial X Municipal _____

GOVT. FACILITY: _____

OPERATIONAL STATUS: active

Part A Permit Application submitted to the State? Yes _____ No X
Affidavit of Exclusion submitted to TWC? Yes _____ No X
Was a written exclusion granted by TWC? N/A _____ Yes _____ No X ...If yes, Date: _____
Will this facility require a RCRA permit? Yes _____ No X

CURRENT WASTE MANAGEMENT (Haz.-"H"; Class I NonHaz.-"NH"; Class II-"II"; Class III-"III")

Generator INH Treatment _____ Storage INH Disposal _____ Transporter _____

HW EXEMPTIONS: _____ CESQG: Total HW Generation per Month: <100 kg. HW & <1 kg. Acute HW
X SQG: Total HW Generation per Month: 100 to 1000 kg. HW & <1 kg. Acute HW
_____ 90-Day Accumulation
_____ OTHER: _____

H W FACILITIES (circle codes): SA (C) T SI WP LT LF I TT TR WDW O

N H FACILITIES (circle codes): C T SI WP LT LF I TT TR WDW O

ENFORCEMENT STATUS: _____

TYPE OF INSPECTION (circle): CEI SQG CL CD SA OT FO (SP)

Inspector's Name and Title Linda Kuhn - Hazardous & Solid Waste Insp.

Inspection Participants Mark Hoover - Manager

Date(s) of Inspection 8-1-88

Signed: _____ 8-1-88
Inspector Date

Approved: [Signature] 8-25-88
District Manager

9418212



TWC Solid Waste Inspection Report
For Non-Permitted Facilities
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- ☒ 2. Inspection Cover Sheet
- ☒ 3. Generators Checklist
- ☒ 4. General Facilities Checklist
- ☐ 5. Transporters Checklist
- ☐ 6. Facility Component Checklists (facility code)
 - ☒ a. Satellite Accumulation Area (SA)
 - ☒ b. Containers (C)
 - ☐ c. Tanks (T)
 - ☐ d. Surface Impoundments (SI)
 - ☐ e. Waste Piles (WP)
 - ☐ f. Land Treatment (LT)
 - ☐ g. Landfills (LF)
 - ☐ h. Incinerators (I)
 - ☐ i. Thermal Treatment (TT)
 - ☐ j. Chemical, Physical or Biological Treatment (TR)
 - ☐ k. Other (O): _____
- ☐ 7. Closure/Post-Closure Checklist
- ☐ 8. Closure-in-Progress Checklist
- ☐ 9. Groundwater Monitoring Checklist Group
- ☐ 10. Land Disposal Restrictions Checklists
 - ☐ a. Generator Checklist
 - ☐ b. T/S/D Facility Checklist
- ☒ 11. TWC Registration
- ☐ 12. Maps, Plans, Sketches
- ☐ 13. Photographs
- ☐ 14. Sample Analysis Results
- ☒ 15. Notice of Violation (NOV) Letter
- ☒ 16. Interoffice Memorandum (IOM)
- ☐ 17. Enforcement Referral Report
- ☒ 18. Other (describe): Copy of 1987 Annual Report & Copy of 8-10-87 Manifest

NOTE: If a required Checklist is omitted, explain: _____

GENERATORS CHECKLIST**Section A - HW DETERMINATION and NOTIFICATION (TAC 335.62,.63,.6)**

1. Has generator completed a **hazardous waste determination** for each solid waste produced? YES X NO
2. Check the method used for determination:
 a. Listed as a hazardous waste in 40CFR Part 261, Subpart D.
 X b. Process or materials knowledge.
 c. Tested for characteristics as identified in Part 261, Subpart C.
- NOTE:** If a hazardous determination has not been made or appears to be incorrect and there appears to be an environmental impact, the inspector should attempt to obtain a sample of the waste for analysis.
3. Has the facility received an EPA ID number? N/A YES X NO
 (N/A to CE-SQGs)
4. Is notification of all waste streams generated correct? YES NO X ^{*}
 * This company also produces some solvent wastes which need to be added to the report.
5. Is notification of all waste management (TSD) methods correct? YES X NO
6. Does facility generate, treat, store, or dispose of **PCB wastes**? YES NO X
 If yes, describe storage and disposition:

7. Does this facility generate **used oils**? YES X NO
 If yes, describe storage and disposition:
The small quantity of used oils produced is collected in a bucket and removed by Mustang Forklift Co. - who own the forklifts which generate the used oil.
8. Does this facility generate **spent solvents**? YES X NO
 If yes, describe storage and disposition:
This company receives and disposes of its solvents and solvent wastes with Safety Kleen. They ship (1) 16 gallon containers every month.

Section B - UNAUTHORIZED DISCHARGES (335.4 & Chapter 26)

1. Is there evidence of spills, unauthorized discharges or threats of such discharges? YES NO X
- (a) If yes, have they been reported and remedied? N/A X YES NO

***Section C - INTERNATIONAL SHIPMENTS (335.76)**

1. If generator **exported** hazardous wastes, was the appropriate notification made to the EPA?
2. Was the waste manifested and signed by the foreign consignee?
3. Has confirmation of waste transportation out of the country been received by the generator?

N/A X YES NO
 N/A X YES NO
 N/A X YES NO

***Section D - RECORDKEEPING and REPORTING (335.9,.13,.329,.70-71)**

1. Does generator maintain the following records and reports, if applicable, for **three years**:

- a. Waste shipping manifests?
- b. Monthly off-site shipment summaries (out-of-state only)?
- c. Quarterly on-site land disposal summaries?
- d. Monthly waste receipt summaries (TSD facilities only)?
- e. Company records of **industrial** solid waste activities? [335.9(a)(1)]
- f. Company records of haz. waste activities for **municipal** HW generators of >100 kg/mo. or >1 kg/mo. acutely HW?
- g. Analytical results of HW determinations?
- h. Annual reports (submitted by Jan 25)?

N/A YES X NO
 N/A YES NO X ^{Sec 106}
 N/A X YES NO
 N/A YES X NO
 N/A X YES NO
 N/A X YES NO
 N/A YES NO X ^{Sec 106}

2. Has generator submitted **exception reports** to TWC for any original (white) copies of manifests not received back from TSD facilities? (N/A to all CE-SQGs)

N/A X YES NO

+++ IF GENERATOR DISPOSES OF WASTES ON-SITE ONLY, WRITE N/A IN SECTIONS E & F +++

***Section E - MANIFEST REQUIREMENTS (335.10)**

1. Does generator use waste manifests when shipping Hazardous and Class I Nonhazardous wastes offsite?
2. Are Waste Manifests properly completed and signed?
3. Are off-site disposal facilities RCRA-permitted or operating under RCRA interim-status standards?

N/A YES X NO
 N/A YES NO X ^{Sec 106}
 N/A YES X NO

4. Identify primary **off-site disposal** or **recycling facilities**: Earth Industrial Waste Management in Millington, TN. for CCA wastes; Softy Kleen for solvent wastes.

*** NOTE:** Sections C, D, E, and F are not applicable to Municipal CE-SQGs.

***Section F - PRETRANSPORT REQUIREMENTS (335.65-68)**

1. Are hazardous wastes **packaged** in accordance with DOT requirements (49CFR Parts 173,178,179) before being offered for transport? (if observed)

not observed (N/A) ***
N/A ✓ YES NO

2. Are hazardous waste packages **labeled** and **marked** in accordance with 49CFR Part 172 before being offered for transport? (if observed)

N/A ✓ YES NO

3. Is each container of 110 gallons or less marked with the following hazardous waste **warning label** before being offered for transport? (if observed)

N/A ✓ YES NO

"HAZARDOUS WASTE--Federal Law Prohibits Improper Disposal.
If found, contact the nearest police or public safety authority or the U.S. Environmental Protection Agency.
Generator's Name and Address _____
Manifest Document No. _____"

4. Are vehicles transporting hazardous wastes **placarded** in accordance with DOT regulations (49CFR Part 172 Subpart F)? (if observed)

N/A ✓ YES NO

Section G - ACCUMULATION EXEMPTIONS (335.69 & 335.78)

NOTE: Hazardous wastes may be accumulated in Containers or Tanks without a permit for up to **90** days for large quantity generators, **or 180** days for SQGs, **or 270** days for SQGs that must transport waste >200 miles.

1. Is the beginning **date of Accumulation Time clearly indicated on each container?

N/A YES NO X

**2. Is each container or tank clearly labeled or marked "Hazardous Waste"?

N/A YES NO X *see 3001*

3. Did generator exceed the Accumulation **Time limitation?

N/A NO ✓ YES

4. Did SQG or CE-SQG exceed Accumulation **Quantity** limitation?

N/A NO X YES

NOTE: SQG: Total quantity of HW must never exceed 6000 kg.
CE-SQG: Total quantity of HW must never exceed 1000 kg.

+++++

STOP & SIGN HERE IF GENERATOR QUALIFIES AS A CE-SQG

+++++

Signed: _____

* Section F is Not Applicable to Municipal CE-SQGs.

** Not Applicable to Municipal and Industrial CE-SQGs.

TWC Reg. No. _____

Checklist _____

COMMENTS SHEET

Section _____ / _____

Section _____ / _____

Section _____ / _____

Section _____ / _____

✓

GENERAL FACILITIES CHECKLISTSection A - GENERAL SITE INFORMATION

1. Are any solid waste facilities located in the 100-year floodplain? NO X YES
2. Describe land use within one mile industrial, residential
3. Are there any **closed** or **abandoned** solid waste facilities? NO X YES
4. Has proof of **deed recordation** of all solid waste Land Disposal facilities been provided to TWC? N/A X YES NO
5. Is there any evidence of **fires** and **explosions** or **leaks** and **discharges** to the environment from solid waste facilities or any other type of facility? NO X YES

NOTE: Attach PLANT MAP or SKETCH showing site orientation, waste management facilities, and major topographic features.

Section B - PERSONNEL TRAINING (40 CFR Part 265.16)

1. Does the owner/operator maintain a personnel training program designed to prepare employees to respond effectively to hazardous waste emergencies? YES X NO
- *2. Is the program directed by a person that has received training in hazardous waste management procedures? N/A X YES NO
- *3. Is a training review given annually? N/A X YES NO
- *4. Does the owner/operator keep the following records at the facility:
 - a. Job title and written job description of each position? N/A X YES NO
 - b. Description of the type and amount of training? N/A X YES NO

* Not applicable to Small Quantity Generators [262.34(d)(5)(iii)]

*** An entry in this column indicates corrective action or comment is needed.

Section C - PREPAREDNESS and PREVENTION (265.30-.37)

1. Is the facility equipped with:
 - a. Internal communication or alarm system within easy access? N/A ☐ YES ☒ NO ☐
 - b. Communication system to call off-site emergency assistance? N/A ☐ YES ☒ NO ☐
 - c. Fire, spill control, and decontamination equipment? N/A ☐ YES ☒ NO ☐
 - d. Adequate fire-water supply (volume and pressure)? ☐ YES ☒ NO ☐
2. Is the above-noted emergency equipment **regularly tested**? YES ☒ NO ☐
3. Is **aisle space** sufficient to allow unobstructed movement of personnel and equipment? N/A ☒ YES ☐ NO ☐
NOTE: Measure or estimate aisle space: _____
4. Has the owner/operator attempted to familiarize **local response authorities** with: facility layout, entrances and evacuation routes, hazardous waste properties and hazards, and the work locations of facility personnel? N/A ☒ YES ☐ NO ☐
5. Has a **primary authority** been designated in case more than one law enforcement or fire department responds? N/A ☒ YES ☐ NO ☐
6. Has the owner/operator attempted to reach agreements with emergency response contractors and equipment suppliers? N/A ☒ YES ☐ NO ☐
7. Has the owner/operator attempted to make arrangements with **local hospitals** to familiarize them with the hazardous wastes handled and the injuries that could result from: fires, explosions, or releases from the facility? N/A ☒ YES ☐ NO ☐
8. Did local authorities decline to enter into the above-noted (questions 4-7) agreements? N/A ☒ YES ☐ NO ☐
 - a. If yes, was this documented? N/A ☒ YES ☐ NO ☐

Section D1- EMERGENCY PROCEDURES FOR SQGs [262.34(d)]

1. Has an emergency coordinator been designated? N/A ☐ YES ☒ NO ☐
2. Is the following information posted by the telephone:
 - a. Name & telephone no. of the emergency coordinator N/A ☐ YES ☒ NO ☐
 - b. Location of emergency equipment N/A ☐ YES ☒ NO ☐